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|-------------------------|--|--------|---|---------------------------------------|--|
| CHRONIC WASTING DISEASE | | DEATHS | | for Census Date : / / | |
| NAME: | | | BUSINESS NAME: | | |
| ADDRESS: | | | SPECIES: | | |
| CITY: | | ZIP: | NUMBER OF ANIMALS IN HERD: | | |
| PHONE: | | | WI CWD HERD NUMBER: 35 – CW - - | WI FARM-RAISED DEER REGISTRATION # | |

| # | OFFICIAL AND UNIQUE ID CARCASS TAG ID | Month & Year Born | SEX | SAMPLE SENT TO: (LIST LAB) | | DATE OF DEATH | CAUSE OF DEATH (if known) |
|----|--|----------------------|-----|----------------------------|--|------------------|------------------------------|
| 1 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 2 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 3 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 4 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 5 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 6 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 7 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 8 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 9 | | | | Lab Name: | | | |
| | | | | Address: | | | |
| 10 | | | | Lab Name: | | | |
| | | | | Address: | | | |

CHRONIC WASTING DISEASE # 35 – CW -

DEATHS (continuation)

for Census Date: / /

| # | OFFICIAL AND UNIQUE ID CARCASS TAG ID | Month & Year Born | SEX | SAMPLE SENT TO: (LIST LAB) | DATE OF DEATH | CAUSE OF DEATH (if known) |
|---|--|-------------------------|-----|----------------------------|------------------|------------------------------|
| | | | | Lab Name: | | |
| | | | | Address: | | |
| | | | | Lab Name: | | |
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